



**Fire Extinguisher Program
APPLICATION
Exempt Organizations**

☐ New Application Exempt Concern (no fee)

New Concern License Name: _____
(Company names must be approved by our office prior to licensing)

Previous Concern Name: _____ E#: _____
(Required if applying for name change)

Previous Physical Address: _____

New Physical Address: _____

Mailing Address (if different) _____

Owner/Contact Person: _____ Telephone: _____

PLEASE READ CAREFULLY: The following documentation is required with ALL application. Missing documentation will result in the delay of processing your submitted information

1. ☐ Provide a reciprocal agreement letter for high pressure hydrostatic testing from a TYPE A or E licensed company: include their retail concern number and license classification type.

-or-

2. ☐ Provide a copy of current D.O.T. certification with this application along with D.O.T. Retester identification number (RIN).

3. ☐ Provide Halon Recovery System certificate/or reciprocal letter.

4. ☐ Provide a Hold/Harmless Letter per section 595.13 (c).

5. ☐ Provide a list of employees (with each application), including you, their EE number and types of services performed. Attach additional sheets as necessary.

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

Name _____ EE# _____ Types _____

6. ☐ Provide list of equipment used to service Fire Extinguishers.

Instructions for signing:

I certify that I am familiar with the statutes contained in the California Health and Safety Code and the regulations contained in Title 19, California Health and Safety Code and the regulations contained in Title 19, California Code of Regulations, relating to portable fire extinguishers; that all statements made by me on this application are to the best of my knowledge true and correct.

I hereby authorize the State Fire Marshal and any of his properly authorized employees at any time to enter, examine, inspect any premises, building, room or establishment used in servicing, charging or testing portable fire extinguishers to determine compliance with the provisions on state law and the regulations and standards adopted by the State Fire Marshal.

Print Name _____ Signature _____ Date _____

ATTACHMENT "A"

****Please Note: Licensees must possess ALL necessary service manuals, tools, parts and equipment to perform the necessary tests and service that they are licensed for. Please refer to attached supply list.**

Type A The classification of license (595.5 (a) (1)) to service, recharge, inspect, and conduct hydrostatic tests on any or all type of extinguishers. Includes all service and tests permitted for B, C, D, E and F licenses. This includes halogenated agent fire extinguishers six-year tear down, hydrostatic tests of high-pressure fire extinguisher cylinders as well as being a D.O.T. approved cylinder requalification facility for testing D.O.T. low-pressure fire extinguisher specification cylinders. An "A" license must possess all necessary service manuals, tools, parts and equipment to perform necessary tests and service.

Type B The classification of license (595.5 (a) (2)) to perform maintenance and recharging of water based fire extinguishers and external maintenance of carbon dioxide fire extinguishers.

Type C The classification of license (595.5 (a) (3)) to conduct hydrostatic tests of low-pressure fire extinguisher cylinders. A fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder re-qualification facility **if** D.O.T. specification cylinders are tested.

Type D The classification of license (595.5 (a) (4)) to perform maintenance and recharging of dry chemical, dry powder and **external maintenance of halogenated agent fire extinguishers.**

Type E The classification of license (595.5 (a) (5)) to conduct hydrostatic tests of high pressure fire extinguisher cylinders, and perform internal maintenance and recharging of carbon dioxide fire extinguishers. A Fire extinguisher concern possessing this class of license shall be a D.O.T. approved cylinder requalification facility.

Type F The classification of license (595.5 (a) (6)) to perform internal maintenance recharge and recover halogenated agents from portable fire extinguishers. A fire extinguisher concern possessing this license shall have a listed Halon 1211 closed recovery system.

ANNUAL MAINTENANCE TAGHYDROSTATIC TEST LABEL
D.O.T. SPECIFICATION CYLINDERS

HYDROSTATIC TEST LABEL
NON-D.O.T. SPECIFICATION CYLINDERS